

Membership Application Form

Membership Type

Full	<input type="checkbox"/>	Must be registered with Charities Regulatory Authority in Ireland
Associate	<input type="checkbox"/>	(including Individual membership)

Organisation/Individual

Name & Acronym	
President	
Main Address	
E-mail	
Disease(s) represented	

Name of contact for RDI (Patient organisations only)

E-mail	
Telephone	
Address (if different from main address)	
Website	

All information from RDI will be sent to this contact person's e-mail and address!

Board of Directors (Patient organisations only)

Number of board members	
Number of Board who are patients or family members	
Number of members	
Year of creation	

Income (Patient organisations only)

Annual Budget (€)	
Does organisation receive financial support from industry? (If yes, please specify)	
Number of industry funding organisation	
% of this financial support in your revenue	

Attach the following documents to your application:

1. A short description of your organisation's main activities and goals or your individual goals for membership.
2. Statutes / By-laws of your organisation (patient organisations only).
3. List of your Board of Directors (indicating for each person if he/she is a patient or family member) (Patient organisations only).
4. Most recent Annual Report (including the financial statement) (Patient organisations only).

Please return this completed form and the documents to:

Rare Diseases Ireland, c/o Suite 108, Camden Business Centre, 12 Camden Row, Dublin 8
or email to advocacy@rdi.ie